

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
4	/						54						
5	/						55						
6							56						
7	/						57						
8	/						58						
9	/						59						
10							60						
11							61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16							66						
17							67						
18	/						68						
19	/						69						
20	/						70						
21	/						71						
22							72						
23							73						
24	/						74						
25	/						75						
26							76						
27							77						
28							78						
29							79						
30	/						80						
31	/						81						
32							82						
33							83						
34	/						84						
35	/						85						
36							86						
37							87						
38							88						
39	/						89						
40	/						90						
41	/						91						
42							92						
43							93						
44	/						94						
45	/						95						
46							96						
47							97						
48	/						98						
49							99						
50							100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	36						TOTAL DEP.						
TOTAL CLAIMS	48						TOTAL CLAIMS						